



# Seattle Pacific University Nursing Student Immunization Record

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Student ID # \_\_\_\_\_

To be filled out by a Healthcare Provider. Directions are very specific- please refer to backside of form. Official Documentation can be attached to this form or a Healthcare Professional (MD, DO, PA, NP) can fill out and sign this form. Official documentation can be: copy of immunization card, immunization form (from your HCP or state immunization database), Employee Health print-out, or copy of lab results.

| Vaccine   | Dose | Date (MM/DD/YYYY) |
|---|------|-------------------|
| <b>Hepatitis A</b>  |      |                   |
|   | 1    |                   |
|   | 2    |                   |
| <b>Hepatitis B</b>  |      |                   |
|   | 1    |                   |
|   | 2    |                   |
|   | 3    |                   |
| Anti-HBs (Hep. B Surface Antibody)<br>Titer (If negative, must repeat series and retest)<br>**Must attach titer results |      |                   |
|   | 4    |                   |
|   | 5    |                   |
|   | 6    |                   |
| <b>Varicella (Chicken Pox)</b>  |      |                   |
|   | 1    |                   |
|   | 2    |                   |
| If had disease, must prove immunity by Varicella Titer<br>**Must attach titer results                                   |      |                   |

| Vaccine  | Dose | Date (MM/DD/YYYY) |
|--|------|-------------------|
| <b>Adult Tetanus, Diphtheria, Pertussis</b><br>**Must have one dose of Adult Tdap**                |      |                   |
|  |      |                   |
|  |      |                   |
| <b>Measles, Mumps, Rubella (MMR)</b>   |      |                   |
|  | 1    |                   |
|  | 2    |                   |
| If no documentation of MMR:<br>Rubeola, Mumps, & Rubella Titers<br><br>**Must attach titer results |      |                   |
| <b>Annual Influenza</b><br>(For years in clinic settings)  |      |                   |
|  |      |                   |
|  |      |                   |

| <b>Color Blindness Exam</b>                                      |
|--|
| (Pseudo Isochromatic Plates for Testing Color Perception)        |
| List name if other test used:<br>_____                           |
| Normal? <input type="checkbox"/> Yes <input type="checkbox"/> No |

| <b>Tuberculin Status</b>  |           |            |
|---|-----------|------------|
| <b>Option 1: Initial Two-Step Skin Test</b>   |           |            |
| Date Given  | Date Read | Induration |
|   |           |            |
| <b>Option 2: Annual Skin Test(s)</b>  |           |            |
| Date Given  | Date Read | Induration |
|   |           |            |
| <b>Option 3: Annual QuantiFeron (QFT)</b>   |           |            |
| Date: _____ Result: _____   |           |            |
| **Must attach titer results   |           |            |
| <b>Option 4: If History of + Tb Skin Test</b>   |           |            |
| <ul style="list-style-type: none"> <li>•Date of Positive Test _____<br/>MM of Induration _____</li> <li>•Date of Chest X-Ray _____<br/>**Must attach X-Ray results</li> <li>•Complete Symptom Check Sheet<br/>(Contact Health Services for the form)</li> <li>•Treatment as Directed by Provider</li> </ul> |           |            |

Signature or Stamp of Health Practitioner

Print Name with Designation

Date

## SPU Nursing Student Immunization Record

According to the North Puget Sound Clinical Placement Consortium, all students participating in patient care must meet the following health requirements. You are responsible to meet all requirements **prior** to and during all clinical courses. Some requirements are very specific, so please read carefully. **Required immunizations must include mm/dd/yyyy if available. Any applicable lab reports must also be included.**

### TETANUS, DIPHTHERIA, PERTUSSIS (Tdap)

- Routine booster within 10 years
- Adult Tdap **required** once

### MMR (Measles, Mumps, Rubella)

- Proof of vaccination (2 doses) **OR**
- Proof of immunity by titers (Rubeola, Mumps and Rubella). Must include copy of lab report

### VARICELLA (Chicken Pox)

- Proof of vaccination (2 doses) **OR**
- Proof of immunity by titer. Must include copy of lab report
- History of Disease is NOT acceptable.

### HEPATITIS A

- Proof of vaccination (2 doses)
- If Twinrix (combination of Hep A and Hep B), must have 3 doses of Twinrix with no substitutions.

### HEPATITIS B

- Proof of immunity by vaccination (3 doses) and the Hepatitis B Surface Antibody (Anti-HBs, HBsAB) titer.
- If positive titer → assumed immune.
- If negative titer → must repeat vaccine series (for total of 6 shots all together) and titer. Student will be allowed in clinical during repeat series and considered a non-responder to vaccination after 2 complete vaccine series and negative titers.
- If no history of vaccine, must obtain the Hepatitis B Surface Antibody (Anti-HBs, HBsAB) titer to prove immunity.

### TUBERCULIN STATUS

- Annual Tuberculous (TB) status is required. Depending on your past status and testing there are different options.
- **Option 1:** Initial Two-Step Skin Test
  - This entails (1) receive the test, (2) return 48-72 hours later for reading, (3) wait 1-3 weeks, (4) repeat steps 1 & 2.
  - If no history or more than 12 months since last Tb Skin Test → 2 step Tb Skin Test required
- **Option 2:** Annual Skin Test
  - If negative TB Test within 12 months → one step Tb Skin Test (for a total of 2 within 12 months)
- **Option 3:** QuantiFeron Gold (QFT) Blood Test
  - Annual QFT is acceptable in lieu of Tb Skin Test. Like Tb Test, must be within 12 months
  - If history of BCG vaccine → QFT. If negative → OK; If positive → do Chest X-Ray
- **Option 4:** History of Positive Tb Skin Test
  - If History of Positive Tb Skin Test, submit the following:
    - Date of Positive Tb with induration (mm)
    - Proof of chest x-ray
    - Complete Symptom Check Sheet (contact Health Services for form)
  - If new positive TB → Follow-up by healthcare provider. Must complete treatment as recommended